



**City of Flagstaff  
Department of Recreation**



**Reduced User Fee Program Application**

Name, address, and phone number of applicant, legal guardian or parent completing this application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

First and last name(s) and age(s) of family members eligible for reduced Parks and Recreation Programs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the type of services you receive to be eligible for this program.

- \_\_\_\_\_ Food Stamps - Administered by AZ Department of Economic Security  
\_\_\_\_\_ Families with Dependent Children (AFDC) - Administered by AZ Department of Economic Security  
\_\_\_\_\_ General Assistance (GA) - Administered by AZ Department of Economic Security  
\_\_\_\_\_ Arizona Health Care Cost Containment System (AHCCCS)

Please check the type of personal identification presented with this application.

- \_\_\_\_\_ AZ Driver's License  
\_\_\_\_\_ Other (list type) \_\_\_\_\_

*I hereby certify that all of the above information is true and correct. I understand deliberate misrepresentation may result in denial of eligibility in the reduced user fee program.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Social Security Number

<b>For Office Use Only:</b>  Approval Signature: _____  Expiration Date (1 year from approval date): _____	Blue Approval stamp must appear in box:
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